

**SPECIMEN CUSTODY DOCUMENT - DRUG TESTING**

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT					2. ADDITIONAL SERVICE INFORMATION (Second Echelon)																
ASAP BUILDING 1234 CAMP SWAMPY, MO 55673					COMPANY B 901st FINANCE BN CAMP SWAMP, MO 55673																
3. BASE/AREA CODE		4. UNIT IDENTIFICATION CODE			5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)														
F	C	4	5	W	3	V	S	A	A	0	0	0	1	2	0	0	5	0	4	2	6
7. SPECIMEN NUMBER				8. COMPLETE SSN				9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC COC	E DISC CODE	F. ACCESSION NUMBER				G. RESULT					
(1) 246-78-3242				IR				B													
(2) 311-90-7842				IR				B													
(3) 435-97-2232				IR				B													
(4) 256-43-5672				IR				A													
(5) 345-88-4392				IR				A													
(6) 445-88-9762				IR				A													
(7) 983-10-2312				IR				A													
(8) 312-67-2342				IR				A													
(9) 718-76-2212				IR				B													
(10) 895-43-5632				IR				B													
(11)																					

This is the front of the DD Form 2624 for batch 1. It is batch 1 because the first person to provide a sample was Dwayne Jenkins.

H. CERTIFICATION determined by prop  
(1) SIGNATURE

Note the Test basis is IR, because the commander randomly selected all personnel whose SSN ended in 2.

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3. BASE/AREA CODE		4. UNIT IDENTIFICATION CODE			5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)														
F	C	4	5	W	3	V	S	A	A	0	0	0	2	2	0	0	5	0	4	2	6
7. SPECIMEN NUMBER				8. COMPLETE SSN				9. TEST BASIS		10. TEST INFORMATION		11. PRESCREEN THC COC		E DISC CODE	F. ACCESSION NUMBER			G. RESULT			
(1) 254-56-3694								RO		A											
(2) 453-22-9658								RO		A											
(3)																					
(4)																					
(5)																					
(6)																					

(7) This is the front of the DD Form 2624 for batch 2. It  
(8) is batch 2 because when SPC green approached your  
(9) desk for his rehabilitation test you needed to start a  
(10) new batch. Remember, do not mix Test Basis codes  
(11) on the same DD Form 2624.

(12) The reason it is a rehabilitation test is that these  
H. CERTIFICATE determined by pr  
(1) SIGNATURE  
(2) 2-3-2  
(3) soldiers were not randomly selected, but were  
(4) directed to provide a specimen by the commander as  
(5) part of their ASAP rehabilitation program.

12. CHAIN OF CUSTODY		1AN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF
a.	b.	c.	d.	1	SUBMITTING UNIT	Message address of unit submitting urine samples	
(1) <b>050426</b>	SIGNATURE <del>Michael Biggerstaff</del>	SIGNATURE <del>Building 125</del>	Placed into Temporary Storage				
	NAME <b>Michael C. Biggerstaff</b>	NAME <b>Room 6B, locker #2</b>					
(2) <b>050427</b>	SIGNATURE <del>Building 125</del>	SIGNATURE <del>Michael C. Biggerstaff</del>	Removed from Temporary Storage				
	NAME <b>Room 6B, locker #2</b>	NAME <b>Michael C. Biggerstaff</b>					
(3)	SIGNATURE	SIGNATURE					
	NAME	NAME					
(4)	<b>This is the back of the DD Form 2624 for both batches. The specimens were collected on 5 Dec and placed into temporary storage, they were then removed from storage on 6 Dec to be transported to the IBTC.</b>						
(5)							
(6)							
(7)							
(8)							
(9)	SIGNATURE	SIGNATURE					
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE					
	NAME	NAME					
2-3-	24 FEB 93 (Back)						
12. CHAIN OF CUSTODY (LINE (1)).							
a. DATE - Date of collection/shipment.							
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.							
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.							
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.							
NOTE; If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).							
<b>13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES</b>							

# UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT <b>Company B 901st Finance BN Camp Swain MO 55673</b>			2. UADC: <b>Michael C. Biggerstaff</b>				INITIALS: <b>MB</b>	4. UNIT IDENTIFICATION CODE: <b>W3VSA</b>	5. DATE SPECIMEN COLLECTED: <b>(YYYY) (MM) (DD)</b>
			3. PHONE: <b>703-681-5560</b>				<b>W 3 V S A A</b>	<b>2005 04 26</b>	
6. DOCUMENT/BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9. TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE SOLDIER'S PRINTED NAME	12. ACTION TAKEN / REMARKS		13. OBSERVER'S SIGNATURE OBSERVER'S PRINTED NAME	
1	1	246-78-3242	IR	SSG	<b>Dwayne E Jenkins</b> Dwayne E. Jenkins			<b>Jdn T. Observer</b> John T. Observer	
1	2	311-90-7842	IR	SGT	<b>Pamela A Smith</b> Pamela A Smith			<b>JaneCupp</b> Jane Cupp	
1	3	435-97-2232	IR	SGT	<b>Jdn T. Thomas</b> John T. Thomas			<b>Jdn T. Observer</b> John T. Observer	
1	4	256-43-5672	IR	SPC	<b>Janet Jones</b> Janet Jones			<b>JaneCupp</b> Jane Cupp	
1	5	345-88-4392	IR	SPC	<b>Robert M Ansell</b> Robert M. Ansell			<b>Jdn T. Observer</b> John T. Observer	
1	6	445-88-9762	IR	SPC	<b>Thomas M Hightower</b> Thomas M. Hightower			<b>Jdn T. Observer</b> John T. Observer	
1	7	983-10-2312	IR	PFC	<b>Rebecca T. Bowers</b> Rebecca T. Bowers	1st Attempt - Short Sample- Voided, 2nd attempt - ok		<b>JaneCupp</b> Jane Cupp	
1	8	312-67-2342	IR	PFC	<b>Elizabeth A Schoen</b> Elizabeth A. Schoen			<b>JaneCupp</b> Jane Cupp	
1	9	718-76-2212	IR	1LT	<b>Randolph Cunningham</b> Randolph Cunningham			<b>Jdn T. Observer</b> John T. Observer	
1	10	895-43-5632	IR	SFC	<b>Chuck B. Brown</b> Chuck B. Brown			<b>Jdn T. Observer</b> John T. Observer	

This is the Unit Ledger for batch 1. Your unit ledgers should match your DD Form 2624 in order. Notice the comment on Rebecca Bowers, she had a short sample originally that was destroyed, but successfully provided a specimen the second time she tried.

## **UNIT URINALYSIS LEDGER**

1. SUBMITTING UNIT <b>Company B 901st Finance BN Camp Swain MO 55673</b>				2. UADC: <b>Michael C. Biggerstaff</b>				INITIALS: <b>MB</b>	4. UNIT IDENTIFICATION CODE:		5. DATE SPECIMEN COLLECTED:				
				3. PHONE: <b>703-681-5560</b>					<b>W</b>	<b>3</b>	<b>V</b>	<b>S</b>	<b>A</b>	<b>A</b>	(YYYY)    (MM)    (DD)
6. DOCUMENT/BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9. TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE <b>Michael C. Green</b>	SOLDIER'S PRINTED NAME <b>Michael C. Green</b>	12. ACTION TAKEN / REMARKS				13. OBSERVER'S SIGNATURE <b>John T. Observer</b>				
2	1	254-56-3694	RO	SPC							OBSERVER'S PRINTED NAME <b>John T. Observer</b>				
2	2	453-22-9658	RO	PFC	Jeff G Walls	Jeffrey G. Walls					John T. Observer				

# This is the Unit Ledger for batch 2.